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22 MR. ELKINS: My name is Bryan Elkins. I've had
23 20-plus years experience in healthcare administration, 10-plus
24 years experience as a medical contingency planner where I was
25 assigned duty to oversee a nuclear power station at Camp

1 Pendleton, California and had to plan for all the potential --
2 potential difficulties that could occur with such a facility;
3 not only on the base, but in the middle of a population density
4 area that far exceeds every place except Clark County in
5 Nevada.

6 My concern with the DEIS is concerned primarily
7 with medical units. I recognize that myself and virtually
8 everyone here is giving their own personal opinions, that none
9 of us speak for all the citizens of Lincoln County regardless
10 of our rhetoric.

11 In medical preparations, the draft was very quiet
12 on the need for local medical preparedness. As the hospital
13 administrator here in the only hospital in the whole county for
14 over three years, I was very much involved in the medical
15 response for difficult situations, all the way from multiple
16 car accidents, isolated trauma thirty, forty, fifty miles away
17 from the nearest medical facility, and actually the best
18 response is via helicopter.

19 We can call in helicopters to this area to deal
20 with patients that need surgery, et cetera that we can't
21 provide here.

22 However, such air ambulances can't deal with
23 contaminated patients, whether they're chemically contaminated
24 by diesel fuel or any other contamination that goes up and down

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25 the track or of a radiological nature.

1 Ground based units can arrive here from Las Vegas
2 in three hours. We've had to have -- I call them medical SWAT
3 teams, the advanced medical units that are housed in ambulances
4 and ground units.

5 The best response time I ever saw was two and a
6 half hours and they must have exceeded the speed limit a little
7 bit on virtually the entire distance, but three, four, five
8 hour response time is unacceptable when you've got a
9 contaminated patient, especially if that contaminated patient
10 is not on the highway, is located out someplace in the boonies.

11 The first response teams therefore would be
12 police and EMT-1's because all of our emergency technicians
13 here are first level technicians with rare exceptions. They're
14 just simply first aid trained and occasionally we're able to
15 put a nurse or a doctor on an ambulance when they have to be
16 there in ground transportation.

17 My recommendation is that the Final EIS should
18 include an evaluation of current emergency medical capabilities
19 at least in Lincoln County since we're a focal point and that
20 they provide recommendations for needed enhancements to those
21 medical capabilities and training.

2 22 Secondly, the residents of Lincoln County and the
23 City of Caliente are already facing risks of hazardous and
24 radiological materials.

25 Daily several hundred box cars and tankers pass

1 through Caliente on rail with chlorine, propane and other
2 pressurized toxic chemicals which, if the tanker is ruptured,
3 escape into the environment, especially chlorine would be
4 virtually instantaneously fatal for virtually the whole valley
5 here.

6 Approximately 1,000 box cars of explosives
7 annually travel through this community. Thousands of tankers
8 of toxic non-pressurized chemicals go through here in 10,000
9 gallon units in the tankers, and currently we have scheduled
10 shipments of low-level radiological waste passing through this
11 community, and the frequency which will accelerate as the bad
12 weather closes off the northern routes and they have to further
13 drive down the highways in the southern routes. This is one of
14 the areas that they drive through to get to the NTS.

15 Current levels of capabilities of handling
16 chemicals of radiological contaminations -- let's pretend that
17 one of us was chemically contaminated with a fuel or some other
18 chemicals.

19 They take us out to the gutter outside the
20 hospital, strip us down as far as necessary, and that may
21 include everything, wash us off with a garden hose until the
22 chemical contamination was released and then they'd be able to
23 put it on a gurney and take us into the facility since we had,
24 we'd be simply a patient.

25 As far as I'm concerned, that's unacceptable. I

1 have international acquaintances which are professionals which
2 deal with high-level nuclear waste disposal.

3 In our discussion less an year ago in Las Vegas,

4 my Swiss colleague summed up the position of all of us around
5 the table. There were about fifteen of us around the table
6 representing high-level nuclear waste disposal experts from
7 France, Belgium, Great Britain and Czechoslovakia, and he
8 said -- my Swiss colleague said, "I'd give my right arm and leg
9 for a Yucca Mountain in my country," because he's having to
10 deal with much less ideal conditions.

11 Admittedly I'm not terrifically enthused about it
12 coming, but like Dr. Klomp, I can't see that with our two votes
13 in Congress, we're going to do an awful lot of delaying.

14 Finally, I totally support the continued
15 activities of the Joint City/County Impact Alleviation
16 Committee which their goals are understanding of minimizing
17 risk, understanding of minimizing the impacts of shipments and
18 understanding and maximizing the benefits, and that includes
19 impacts on the local school system, et cetera and the hospital
20 which are mandated by the potential danger.

21 If Yucca Mountain happens, now is the time for us
22 to impact on the outcomes. If it doesn't happen, our efforts
23 will not have been in vain because we would have studied
24 ourselves and come to a better understanding.

25 Thank you.